

## Community Pathways – **Revised Draft Proposal**

Service Type: Statutory Service

Service (Name): ~~Residential~~ Habilitation

Alternative Service Title: **COMMUNITY PERSONALHOME SUPPORTS**

HCBS Taxonomy:

Check as applicable

☐ Service is included in approved waiver. There is no change in service specifications.

☒ Service is included in approved waiver. The service specifications have been modified.

☐ Service is not included in the approved waiver.

### Service Definition:

- A. ~~Community PersonalHome~~ Supports are drop in individualized supports, delivered in a personalized manner, to support independence in a participant's own home and community engagement in which the participant wishes to be involved based on their personal resources.
- B. Services assist individuals who live in their own homes in acquiring the skills necessary to maximize their personal independence ~~and to fully participate in community life~~ including:
1. Home skills development such as budgeting and money management, maintaining a home, being a good tenant, cooking, personal care, house cleaning and laundry; and
  - ~~2. Community integration and engagement skills development needed to be part of a community such as using public transportation, making and keeping medical appointments, attending social events, joining community organizations or clubs, any form of recreation or leisure activity, volunteering, and participating in organized worship or spiritual activities; and~~
  - ~~3. 2. Personal~~ care assistance services during home skills development activities.

### SERVICE REQUIREMENTS:

- A. Home Supports personal care assistance services under the waiver differs in scope, nature, and provider training and qualifications from personal care services in the State Plan. Personal assistance services available under the Medicaid State Plan will be transitioned to the Community First Choices program over an 18-month period. Personal assistance services needed during home skill and community integration and engagement skill development will continue to be covered under Community Personal Supports.
- B. ~~Community PersonalHome~~ Supports Retainer Fees is available for 30 days per year per recipient when the recipient is unable to receive services during a hospitalization. Payment is intended to assist participants in retaining qualified employees whom they have trained and are familiar with their needs during periods of hospitalization.
- C. Under self-directing services the following applies:
1. Participant's self-directing services are considered the employer of record;

2. Participant is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers; and
3. Payment is allowable for advertising for employees and staff training costs as follows:
  - a) Costs are incurred no more than 180 days in advance of waiver enrollment unless otherwise authorized by the DDA
  - b) Costs are considered to be incurred and billable when the individual enters the waiver. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition); these costs may be billed to Medicaid as an administrative cost.
- D. Payment may not be made for services furnished at the same time as other services that include care and supervision. This includes, but not limited to Medicaid State Plan Personal Care Services as described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS).
- E. ~~Community Personal Home~~ Support services are not available to individuals receiving supports under Community Living Group Home, Supported Living, Shared Living Host Home, and ~~Community Living~~ Enhanced Support ~~ervision~~ Services.
- F. Transportation costs associated with the provision of services outside the participant's home is covered ~~under the standalone transportation waiver services~~ within the rate.
- G. Personal care assistance tasks may not comprise the entirety of the service.
- ~~G.H.~~ The program does not make payment to spouses, ~~or~~ legally responsible individuals, or family member living in the home, including legally responsible adults of children and representative payee, for supports or similar services.
- I. A relative or legal guardian (who is not a spouse or legally responsible person) of an individual recipient participating in Self-Directed Services may be paid to provide this service, provided however, the DDA pre-approves such payment in accordance with the applicable requirements set forth in Section C-2.
- ~~H. The participant may use a relative to provide services under the following conditions when documented in the person-centered plan:~~
  - ~~1. Choice of provider truly reflects the individual's wishes and desires;~~
  - ~~2. The provision of services by the relative are in the best interests of the participant; and~~
  - ~~3. The provision of service by the relative is appropriate and based on the participant's individual support needs;~~
  - ~~4. The services provided by the relative will increase the participant's independence and community integration;~~
  - ~~5. There are documented steps in the person-centered plan that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the relative acting in the capacity of an employee can no longer be available; and~~
  - ~~6. a Supportive Decision Making (SDM) agreement is established that identifies the people (beyond family members) who will support the participant in making her/his own decisions.~~
- ~~I.J.~~ Services will not be covered if available under the individual's private insurance, the Medicaid State Plan (including EPSDT benefits), private or public educational services, the Rehabilitation Act, other waiver services, or through other resources. This waiver service is

~~only provided to individuals age 21 and over. All medically necessary personal assistance services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.~~

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

A. A relative of an adult participant may not be paid for greater than 40-hours per week of services for any Medicaid participant at the service site unless otherwise approved by the DDA.

~~B. Personal assistance services are limited to 82 hours per week unless otherwise preauthorized by the DDA.~~

~~C.B.~~ Home skills development ~~and community integration and engagement skills development combined~~ service hours are limited to up to 36 hours per week.

**Service Delivery Method (check each that applies)**

☒ Participant Directed as specified in Appendix E

☒ Provider Managed

**Specify whether the service may be provided by (check all that applies):**

☐ Legally Responsible Person

☒ Relative

☒ Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	For individuals self-directing services
Agency	Licensed Community Personal Supports Provider

**Provider Category:** Individual

**Provider Type:** Individual for people self-directing services

**Provider Qualifications License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

1. The following minimum standards are required:

a. Current first aid and CPR certification

b. Passing a criminal background investigation

c. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians.

2. Individuals in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs such as:

- a. Training by individual/family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information)
- b. Previous experience with home skills such as training on money management, time management and community resources

~~1. Individuals in self-directing services, as the employer, determine staff specific requirements and may require additional provider requirements based on their preferences and level of needs such as:~~

- ~~a. Current first aid and CPR training and certification;~~
- ~~b. Previous experience with training on money management, time management and community resources;~~
- ~~c. Training by individual/family on individual specific information (including preferences, positive behavior supports, when needed, and disability specific information);~~
- ~~d. Passing a criminal background investigation; and~~
- ~~e. Signing a self-directed provider agreement verifying qualifications and articulating expectations.~~

~~2. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians.~~

## **Verification of Provider Qualifications**

### **Entity Responsible for Verification:**

- Fiscal Management Service providers for verification of participant specific qualifications
- Coordinator of Community Services for use of a relative as a service provider

### **Frequency of Verification:**

- Fiscal Management Services - prior to service delivery
- Coordinator of Community Services prior to service initiation and during annual team meetings

**Provider Category:** Agency

**Provider Type:** Licensed Community Personal Support Provider

**Provider Qualifications License (specify):**

Licensed Community Personal Supports Provider as per COMAR 10.22.XX (tbd)

**Certificate (specify):**

**Other Standard (specify):**

Staff providing training on money management, time management and community resources must have performed training on these topics in the previous two (2) years.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

- DDA for verification of provider license
- Provider for staff licenses, certifications, and training

**Frequency of Verification:**

- DDA - annually
- Provider – prior to service delivery